PRM97

ELICITING PATIENT TREATMENT PREFERENCES: DEVELOPMENT OF A METHODOLOGICAL FRAMEWORK FOR ATTRIBUTE IDENTIFICATION AND VALIDATION FOR DISCRETE CHOICE EXPERIMENTS

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OBJECTIVES: Measurement of the risk-benefit tradeoffs in healthcare decision-making relies on capturing preferences for treatment attributes that are most important to individuals. The goal of this study is to develop and validate a methodological framework for identifying, validating, and prioritizing attributes for inclusion in discrete choice experiments (DCE). **METHODS:** The study enrolled 48 caregivers of a child aged 26 or younger diagnosed with an intellectual disability and mental health disorder. Data were collected through IDIs (n=6) and six focus groups (n=42). Following qualitative methods for grounded theory and content analysis, data were analyzed in four distinct steps. First, in-depth interviews (IDIs) were analyzed to identify concepts reflecting distinct situations influencing treatment decisions. Second, the concepts were validated by researcher-caregiver agreement in defining the concept. Third, caregivers prioritized the concepts by selecting those that were most influential in making treatment decisions for their child. Fourth, a final list of attributes was chosen based on the subset of attributes that had high researcher-caregiver agreement and that were a high priority. Triangulation, member checking, and participants' and stakeholder partners' feedback was used throughout the process. **RESULTS:** Sixteen concepts were identified from the IDIs. Researcher-caregiver agreement in concept definition ranged between 21-79%. The concepts rated as high priorities in decision-making were managing the child's behavior, advocating for the child's needs, and communicating with providers. The financial impact and getting a label were low priorities in treatment decisions. Seven concepts rated as low priorities and with low definition agreement were discarded. This resulted in a final list of nine attributes. **CONCLUSIONS:** Systematic methods for attribute identification, as well as stakeholder involvement, will inform the development of DCE instruments that closely reflect risk-benefit tradeoffs in healthcare decisions. Methodological standards for attribute identification would enhance the application and interpretation of DCE in preference elicitation.

PRM98

PHARMACISTS-LED INTERVENTIONS TO IMPROVE HEALTH-RELATED QUALITY OF LIFE OF PULMONARY TUBERCULOSIS PATIENTS IN PAKISTAN: AN INSIGHT FROM A RANDOMIZED CONTROLLED NON-CLINICAL TRIAL

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OBJECTIVES: To evaluate the importance of a health-educational interventional program to improve Health-Related Quality of Life (HRQoL) among Pulmonary Tuberculosis (PTB) patients in Pakistan, under the supervision of registered hospital pharmacists. **METHODS:** A health-educational intervention to improve HRQoL was offered to the PTB patients through registered hospital pharmacists. In this non-clinical randomized controlled trial, PTB patients were briefed regarding treatment and management of PTB and their HRQoL was measured by WHOQOL-BREF. Both descriptive and inferential statistics were used to determine patients' demographic characteristics and inter-group comparisons respectively. Data was analyzed by SPSS 21.0. **RESULTS:** Two hundred and eighty PTB patients were randomly assigned for the study i.e. one hundred and forty patients in each group. No significant differences were observed in either group for mean age, gender, education level, occupation and income whereas a significant increase ($p<0.001$) in the WHOQOL-BREF score was observed in the interventional group. **CONCLUSIONS:** HRQoL was significantly improved in the interventional group after the pharmacist-led interventional program which advocates the vital role of pharmacists in patients' education and a better health care system of Pakistan.

PRM99

DEVELOPING SF-6D-V2: EXAMINING THE DIMENSIONALITY OF THE SF-36 USING LARGE MULTINATIONAL DATASETS

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OBJECTIVES: The SF-36 is a measure of health related quality of life that is widely used internationally. SF-36 produces scores for eight dimensions (physical functioning (PF); role physical (RP); bodily pain (BP); general health (GH); vitality (VT); social functioning (SF); role emotional (RE); mental health (MH). However there is debate about whether these dimensions are applicable cross culturally, and also the relationship between the MH and VT dimensions. The aim was to assess the dimensionality using multinational datasets as part of the development of SF-6D-V2. **METHODS:** Exploratory and confirmatory factor analysis was used to examine SF-36 dimensionality, and was applied to patient and general population datasets from the UK, Australia, Canada, USA and Japan (n = 55,923). Analysis was carried out separately for each country, and on the combined data. The general health items were not included as the focus was the specific health areas measured by SF-36. **RESULTS:** Exploratory factor analysis on the data from the English speaking countries suggests that the PF, RF, BP, SF and RE dimensions are generally consistent but there are inconsistencies regarding the MH and VT, where the items split into factors based on whether the item is positively or negatively worded. The data from Japan suggests that the role dimensions do not split into physical and emotional constructs. Confirmatory analysis suggests that both the original seven factor model, and a model splitting MH and VT based on the direction of the items, fit the data acceptably. **CONCLUSIONS:** There is evidence for cross cultural differences in the role functioning dimensions of the SF-36, most likely due to differences in the perception of emotional health. The inconsistency of the MH and VT dimensions may be due to the combination of positive and negative items, order effects, or content overlap.

PRM100

DEVELOPMENT AND VALIDATION OF THE PROMIS NETWORK TO EVALUATE PATIENT-REPORTED HEALTH STATUS ASSOCIATED WITH CLOSTRIDIUM DIFFICILE INFECTION

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OBJECTIVES: The Patient-Reported Outcome Measurement Information System (PROMIS), funded by the National Institute of Health (NIH) is a large database of precise measures of patient-reported health status for physical, mental, and social well-being. Use of the PROMIS tools to evaluate humanistic outcomes in hospitalized patients with Clostridium difficile infection (CDI) has not been studied. The objective of this study was to identify and validate the use of specific PROMIS network questions to evaluate patient-reported health status associated with CDI. **METHODS:** This was a prospective, observational, two-center, mixed-methods study. Hospitalized adult patients with CDI were interviewed within seven days of a positive toxin test for C. difficile and again within one week of hospital discharge (N = 40). Patients were asked open-ended questions regarding their top three concerns related to CDI. Results were analyzed using ATLAS.ti 7 and classified by PROMIS domains. Based on response trends, applicable standardized questions from the PROMIS network were identified. An additional 15 patients with CDI were interviewed using the PROMIS questions to validate relevant questions. **RESULTS:** Patient reported humanistic outcomes within seven days of CDI diagnosis were primarily associated with mental concerns (75%) related to anxiety and worry about future complications. Physical concerns (8%) were related to ongoing diarrhea, bowel incontinence and other abdominal complaints. Social concerns (3%) included interference with daily living and finances. Patient reported outcome responses did not change significantly during the follow-up interview. Using these responses from direct interviews of CDI patients, 18 PROMIS network questions were identified and demonstrated evidence of reliability. **CONCLUSIONS:** Using the NIH PROMIS network, we identified 18 patient-reported health status questions that can be used to evaluate humanistic outcomes in patients with CDI. Future studies should use these questions to assess changes in health status of CDI patients over time.

PRM101

VALIDATION AND VALUATION OF THE PREFERENCE-BASED HEALTHINDEX USING EQ-5D-5L IN THE HONG KONG POPULATION

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OBJECTIVES: The EQ-5D is a preference-based measure of health for economic evaluation. This study is to develop a Hong Kong (HK) Chinese version of EQ-5D-5L and value set in estimating the health utility in local population. **METHODS:** This study consists of three parts including (I) Translation and Cultural Adaptation of the HK Chinese version of EQ-5D-5L by forward/backward translation and lay panel assessment; (II) Valuation Study of EQ-5D-5L HK by a cross-sectional population-based survey; and (III) Creation of norms values in HK by secondary analysis of data from part II study. 20 respondents and 1,000 respondents aged ≥18years old will be recruited for part I and II study respectively. Subjects are quota sampled by geographic area and demographic characteristics (gender, age and education level) based on the comparison of HK population in the HK Census 2011. **RESULTS:** In part I: Forward/backward translation of the English version of EQ-5D-5L are performed based on the translation protocol of the EuroQol group, cognitive interview with 20 laymen which are conducted for cultural adaption of the HK Chinese version of EQ-5D-5L. The HK Chinese version of EQ-5D-5L (EQ-5D-5L HK) is validated. In part II: A total of 475 out of 1000 subjects were recruited for face-to-face interviews with computer-assisted using EQ-5D-5L HK. The sample (38.9% in 18-44 yrs; 36.6% in 45-64 yrs; 24.4% in 65 yrs and above) was predominantly female and with a secondary education level. **CONCLUSIONS:** A preference-based values using EQ-5D-5L HK are to be collected from the general population in HK. This value set data will then be used to derive an algorithm model to estimate the preference-based health index in the Hong Kong population. The norms of health-related quality of life in Hong Kong population using EQ-5D-5L will be presented by different demographic groups including age, gender and education level.

PRM102

USABILITY TESTING OF THE WEB-BASED VERSIONS OF THE STANDARDISED ASTHMA QUALITY OF LIFE QUESTIONNAIRE FOR 12 YEARS AND OLDER (AQLQ(S)+12) AND THE ASTHMA CONTROL QUESTIONNAIRE (ACQ-6)

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OBJECTIVES: The main objective of this study was to assess the usability of the newly developed web-based UK versions of the Standardised Asthma Quality of Life Questionnaire for individuals12 years and older (AQLQ(S)+12) and the Asthma Control Questionnaire (ACQ-6). **METHODS:** Individual interviews were conducted with eight patients with asthma. During the session, each patient was requested